



Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466

Richard C. Dunn
Director



Bob Holden
Governor

Dear Initial Applicant:

This is in response to your expression of interest in becoming a provider of home health service under the Medicare program and state licensure law. The Missouri Department of Health and Senior Services, (DHSS), has an agreement with the U.S. Department of Health and Human Services to assist in determining whether home health agencies meet, and continue to meet, the conditions of participation. In addition to the necessary forms and accompanying instructions, we are enclosing Medicare regulations governing the requirements of the Medicare program, including the licensure and Medicare standards, which must be met.

To qualify for Medicare payments, your agency must be in compliance with Medicare Conditions of Participation, the requirements for reimbursement, the requirements of Title VI of the Civil Rights Act of 1964 and your agency must also have a valid state license.

Title VI of the Civil Rights Act of 1964 prohibits discrimination on grounds of race, color, or national origin in any program receiving Federal financial assistance. Please complete the Assurance of Compliance form under Title VI of the Civil Rights Act (HHS-690).

If you wish to participate as a Medicare certified and state licensed home health agency, please complete and return to this office the forms listed below:

1. Disclosure of Ownership Form (CMS – 1513)
2. Assurance of Compliance with Title VI of the Civil Rights Act (HHS-690, 2 copies)
3. Health Insurance Benefits Agreement (CMS – 1561)
4. Application for Home Health Agency License (HHA-10), and \$600 licensure fee made payable to the Missouri Department of Health and Senior Services.
5. Current registration with the Secretary of State.

Your agency will need to submit a policy and procedure manual that defines how your agency will implement the Medicare Conditions of Participation including OASIS requirements, advance beneficiary notice, and specific state requirements, i.e., criminal background checks [RSMo 660.317], Alzheimer's Training [RSMo 660.050], abuse and neglect [RSMo 660.300], possession of prescription drugs [4 CSR 220-2.010(8)].

Cahaba will be the fiscal intermediary for your home health agency. You must contact Cahaba directly at 712/293-5764 to obtain the CMS-855A. This form must be completed and returned to them for approval before you can receive Medicare payments. Your home health agency **cannot** be approved as a Medicare provider until this process has been completed. Cahaba has a minimum of 30 days to act upon the 855 form. The 30-day time period restarts each time Cahaba has to contact you for additional information.

Your application package must be submitted to this office prior to your tentative operational date.

Your policy manual will be reviewed after written approval of the 855 is received. After our unit approves the policy manual you will receive permission to start your caseload. You must admit ten patients and provide nursing and at least one additional service. At the time of the initial survey seven patients must be active.

Prior to the initial survey you must complete an Outcome Assessment Information Set (OASIS) test transmission by contacting the OASIS Automation Coordinator at (573) 522-8421.

Following the survey, this unit will issue your license and will recommend to the Centers for Medicare and Medicaid Services (CMS) your certification status. You will be licensed/certified to serve patients in the county your home health agency is located in and, if requested, any contiguous counties. **Under no circumstance can any agency be reimbursed retroactively for services furnished to Medicare clients prior to the date of the survey.** The earliest possible date of certification and resultant reimbursement is the date of the survey and **ONLY** if the agency is

www.dhss.state.mo.us

The Missouri Department of Health and Senior Services protects and promotes quality of life and health for all Missourians by developing and implementing programs and systems that provide: information and education, effective regulation and oversight, quality services, and surveillance of diseases and conditions.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.

in full compliance with all requirements of the program with no deficiencies. If the agency has standard level deficiencies, the earliest possible date of certification and resultant reimbursement is the date the state receives an acceptable Plan of Correction (signed and dated) for all deficiencies cited. If your agency is not in compliance with the condition level requirements, this office will not issue the state license and will recommend the agency not be certified in the Medicare program and CMS will notify your agency in writing regarding this action.

After it has been determined all the requirements for compliance are met, the Health Insurance Benefits Agreement will be counter-signed. One copy of the agreement will be returned to you with the notification your agency has been approved. This notification will establish your official date of Medicare participation.

If you wish to become a Medicaid home health provider, please contact the Division of Medical Services, Provider Enrollment Unit at 573/751-2617 for enrollment information.

Should there be any questions regarding participation, please do not hesitate to contact us at (573) 751-6336. Additional information is available on our website at http://www.dhss.state.mo.us/Home_Health.

Sincerely,

A handwritten signature in cursive script that reads "Lisa Coots".

Lisa Coots, R.N., Administrator
Unit of Home Care and
Rehabilitative Standards

Enclosures